Tuberculous Peritonitis Apparently Cured by the X-rays.—AUSSET and BEDART (*Annales de Médecine et Chirurgie Infantiles*, December, 1898, p. 870) report the case of a child suffering from tuberculous peritonitis, with effusion, that was apparently cured after several exposures to the Röntgen rays. Previous to this treatment three punctures and a laparotomy had been made without distinct result, the effusion reproducing itself more and more rapidly. The patient was then subjected to the rays from a Crookes' tube about once a week. After the third exposure an exploratory puncture showed that the effusion was hemorrhagic, instead of a clear, yellowish color. Two and a half months later there was marked gain in weight, and the abdomen, while still a little large, was quite supple.

Broncho-pneumonia.—SAMUEL WEST (*British Medical Journal*, 1898, No. 1952) concludes a thoughtful paper upon this subject with the following propositions:

1. That the primary and secondary broncho-pneumonias have a different bacteriological origin.

2. That secondary broncho-pneumonia is for the most part due to streptococcus infection derived from some source in connection with the air-tubes, throat, and mouth.

3. That primary broncho-pneumonia is of pneumococcal origin.

4. That pneumococcus inflammation occurs with almost equal frequency in the child and the adult.

5. That pneumococcal inflammation takes a different form in each—in the adult producing massive consolidation, and in the child disseminated patches of consolidation; in other words, that there are no real pathogenic distinctions between lobar pneumonia of the adult and primary lobular pneumonia of the child.

The author is therefore convinced that the term "broncho-pneumonia" would be best reserved for those inflammations of the lungs which follow antecedent affections of the bronchi, and that their exciting cause, for the most part, will be found to be other organisms than the pneumococcus; while, on the other hand, the primary broncho-pneumonia of children is really croupous pneumonia occurring in a disseminated and patchy form instead of a massive consolidation.

A New Clinical Sign in Scarlatina.—MEYER (*Presse Médicale*, 1898, p. 119) describes a clinical phenomenon in scarlatina which has never before been mentioned, probably because the disease has been ordinarily studied among children. In the most characteristic instances this sign consists in a paresis of the extremities, the patient complaining that he cannot move the hands or feet. This degree of disturbance, however, is very exceptional. Most frequently there is only a numbness of the hands, with sensations of tingling or formication. Numbness may be absent, and then the patient experiences pricking sensations localized in the extremities of the fingers or in the palm of the hands. Disturbances in the feet are of rarer occurrence; they may be noticed alone or in conjunction with those described in the hands.

This sign appears during the period of eruption, exceptionally before it.

Its duration is very variable; it may be experienced for only a few minutes, and not be felt again. In the majority of cases it is more durable, appearing several hours or a day after the beginning of the eruption and persisting for two or three days, ordinarily with interruptions. It may even be delayed in its appearance until the third, fourth, or fifth day of the eruption. It is accompanied by no painful sensation. Some patients experience this disturbance only when they wish to use the hands; others at the moment of leaving the cold bath or when the hands are dipped into water.

This sign is very constant; the author has observed it in seventy-nine out of one hundred cases among adults in the Hôpital de la Porte d'Aubervilliers. Among several children it was observed once, in a boy of seven years.

In obscure cases this sign may be of value in diagnosis. It may also serve to determine a retrospective diagnosis in patients who have presented no eruption and in those whose desquamation is fugacious or delayed.

The author has not encountered this sign in other eruptive diseases; it is absent in the eruptions of la grippe, in simple or diphtheritic anginas, in toxic or drug erythemata, notably in mercurial erythema, the diagnosis of which is often quite difficult.

SURGERY.

UNDER THE CHARGE OF

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The Treatment of Pyloric Stenosis.—TUFFIER (*La Presse Méd.*, February 9, 1898), in discussing the treatment of pyloric stenosis, lays special stress upon the employment of gastro-intestinal anastomosis for all varieties of this condition, no matter what their cause.

He does not consider that the only indication for operation is where the patient's life is so endangered that nothing else will avail; the operation should not be too long delayed, no matter what the cause. The diagnosis is sometimes difficult, but it should be made as soon as possible. Incoercible vomiting, progressively increasing pain and enfeeblement that are rebellious to all medical measures are sufficient indications for operation. Dilatation of the stomach he does not consider an indication unless it is accompanied by marked stenosis and the accompanying symptoms.

As operative measures he relegates divulsion, or Loreta's method, to the treatment of cases of spasm. Stenosis by adhesions and bands pure and simple is of rare occurrence, and is generally accompanied by other conditions that require a gastro-intestinal anastomosis to relieve them completely.